

AMBULANCE REVENUE AND COST REPORT

GENERAL INFORMATION AND CERTIFICATION

Legal Name of Company: Professional Medical Transport, Inc. CON No.: 71  
DBA (Doing Business As): PMT Ambulance Phone: (800) 352-2309  
Financial Records Address: 8465 N. Pima Road City: Scottsdale Zip Code: 85258  
Mailing Address (If Different): \_\_\_\_\_  
Owner/Manager: Rural/Metro Corporation  
Report Contact Person: John Karolzak Phone: (678) 615-9217 Ext. \_\_\_\_\_  
Report for Period: From: January 1, 2014 To: December 31, 2014  
Method of Valuing Inventory: LIFO ( ) FIFO (X) Other (Explain): \_\_\_\_\_

Please attach a list of all affiliated organizations (parent/subsidiaries) that exhibit at least 5% ownership/vesting.

Rural/Metro Corporation

I hereby verify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.

I have read this report and hereby verify that the information provided is true and correct to the best of my knowledge.

This report has been prepared using the accrual basis of accounting.

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

John R. Karolzak  
Vice President

Date: 6-29-15

Mail to:

Arizona Department of Health Services  
Bureau of Emergency Medical Services and Trauma System  
Certificate of Necessity and Rates Section  
150 North 18th Avenue, Suite 540  
Phoenix AZ 85007-3248  
Telephone: (602) 364-3150  
Fax: (602) 364-3567

Revised August 2013

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# AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY: PMT Ambulance**

**FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14**

## STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS (EST.)	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
01	Number of ALS Billable Transports:	0	1,772	46,456	48,228
02	Number of BLS Billable Transports:	0	1,425	37,363	38,788
03	Number of Loaded Billable Miles:	0	23,520	616,654	640,174
04	Waiting Time (Hr. & Min.):	0.0	16.7	437.4	454.1
05	Cancelled (Non-billable) Runs:				18,891 *
					Number
	<b>Volunteer Services: (OPTIONAL)</b>				<b>Donated Hours</b>
06	Paramedic, EMT-I, and AEMT				0
07	Emergency Medical Technician (EMT)				0
08	Other Ambulance Attendants				0
09	Total Volunteer Hours				0

\*\*This column reports only those runs where a contracted discount rate was applied. See page 7 to provide additional information regarding discounted contract runs.

\* Number shown is total number of calls minus number of transports

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# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: PMT Ambulance

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

## STATEMENT OF INCOME

Line No.	DESCRIPTION	FROM	
<b>Operating Revenue:</b>			
01	Ambulance Service Routine Operating Revenue.....	Pg 3 Ln 10	<u>\$90,279,549</u>
<b>Less:</b>			
02	AHCCCS Settlement.....		(\$18,181,040)
03	Medicare Settlement.....		(\$12,628,858)
04	Contractual Discounts.....	Pg 7 Ln 22	(\$1,056,835)
05	Subscription Service Settlement.....	Pg 8 Ln 4	\$0
06	Other (Attach Schedule).....		
07	Total.....		<u>(\$31,866,733)</u>
08	Net Revenue from Ambulance Runs.....		<u>\$58,412,815</u>
09	Sales of Subscription Service Contracts.....	Pg 8 Ln 8	<u>\$0</u>
10	Total Operating Revenue.....		<u>\$58,412,815</u>
<b>Ambulance Operating Expenses:</b>			
11	Bad Debt (Includes Subscription Services Bad Debt)		\$20,669,064
12	Wages, Payroll Taxes and Employee Benefits.....	Pg 4 Ln 22	\$18,221,837
13	General and Administrative Expenses.....	Pg 5 Ln 20	\$5,036,097
14	Cost of Goods Sold.....	Pg 3 Ln 15	\$1,659,183
15	Other Operating Expenses.....	Pg 6 Ln 28	\$7,707,470
16	Interest Expense (Attach Schedule IV).....	Pg 14 CL 4 & 5 Ln 15	\$2,446,711
17	Subscription Service Direct Selling.....	Pg 8 Ln 23	\$0
18	Total Operating Expenses.....		<u>\$55,740,361</u>
19	Ambulance Service Income (Loss) (Ln 10 minus Ln 18)		<u>\$2,672,455</u>
<b>Other Revenues/Expenses:</b>			
20	Other Operating Revenue and (Expenses) .....	Pg 9 Ln 17	(\$27,578)
21	Non-Operating Revenue and (Expenses) .....		\$0
22	Non-Deductible Expenses (Attach Schedule).....		\$2,940
23	Total Other Revenue/Expenses.....		<u>(\$27,578)</u>
24	Ambulance Service Income (Loss) - Before Income taxes		<u>\$2,644,876</u>
<b>Provision for Income Taxes:</b>			
25	Federal Income Taxes.....		\$899,258
26	State Income Tax.....		\$185,141
27	Total Income Tax.....		<u>\$1,084,399</u>
28	Ambulance Service - Net income (Loss)		<u>\$1,560,477</u>

Note: See the Notes to this Statement of Income reported on ARCR page "Notes 2 Notes"

## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY: PMT Ambulance**

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**FOR THE PERIOD                      FROM: 1/1/14                      TO: 12/31/14**

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Note 1    Statement of Income data does not include amortization of Intangible Assets and does not include charges related to the closing of Rural/Metro billing offices.

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# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: PMT Ambulance

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

Non-Deductible Expenses:	
22.1	Contributions and Penalties
22.2	
22.3	
22.4	
22.5	
22.6	
22.7	
22	Total.....Page 2, Non-Deductible Expenses

\$2,940

\$2,940

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# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: PMT Ambulance

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

## ROUTINE OPERATING REVENUE

Line  
No.

### DESCRIPTION

#### Ambulance Service Routine Operating Revenue:

1	ALS Base Rate Amount	Rate	\$ (a)	x No. of Runs	48,228	=	\$ 42,213,897
		Rate		x No. of Runs		=	
2	BLS Base Rate Amount	Rate	(a)	x No. of Runs	38,788	=	\$ 30,242,795
		Rate		x No. of Runs		=	
3	Mileage Rate Amount	Rate	(a)	x No. of Billable Miles	640,174	=	\$ 11,619,589
		Rate		x No. of Billable Miles		=	
4	Waiting Charge Amount	Rate	(a)	x No. of Hours	454.1	=	\$ 88,505
		Rate		x No. of Hours		=	

(a) Ambulance Service Rates and Charges In Effect During The Year

5	Medical Supplies (Gross Charges To Patients)					\$ 6,021,181
6	Nurses Charges					\$ 0
7	Total					\$ 90,185,966
8	Standby Revenue (Attach Schedule)					\$ 93,582
9	Other Ambulance Service Revenue (Attach Schedule)					\$ 0
10	<b>Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)</b>					<b>\$ 90,279,549</b>

#### Cost of Goods Sold: (Medical Supplies)

11	Inventory at Beginning of Year		N/A
12	Plus Purchases		
13	Plus Other Costs		
14	Less Inventory at End of Year		N/A
15	<b>Cost of Goods Sold (To Page 2, Line 14)</b>		<b>\$ 1,659,183 *</b>

\* The disposable medical supplies are expensed as used and are not inventoried by CON

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# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: PMT Ambulance

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

## WAGES, PAYROLL TAXES AND EMPLOYEE BENEFITS

Line No.	DESCRIPTION		No. of *F.T.E.	Amount
01	Gross Wages - OFFICERS/OWNERS (Attach Schedule I, Pg 10, Ln 7)		0.0	\$0
02	Payroll Taxes.....			\$0
03	Employee Benifits.....			\$0
04	Total.....		0.0	\$0
05	Gross Wages - MANAGEMENT (Attach Schedule II).....		16.4	\$959,750
06	Payroll Taxes.....			\$76,136
07	Employee Benifits.....			\$110,653
08	Total.....		16.4	\$1,146,538
Gross Wages - AMBULANCE PERSONNEL (Attach schedule II):				
		**Casual Labor	Wages	
09	Paramedic, EMT-I, and AEMT.....	\$1,547,889	124.1	5,684,201
10	Emergency Medical Technician (EMT).....		246.8	\$5,637,485
11	Nurses.....		14.6	\$914,988
12	Payroll Taxes.....			\$847,929
13	Employee Benifits.....			\$1,232,345
14	Total.....		385.5	\$14,316,949
Gross Wages - OTHER PERSONNEL (Attach Schedule II):				
15	Dispatch.....		17.4	\$654,714
16	Mechanics.....		17.1	\$752,513
17	Office and Clerical.....		12.3	\$407,319
18	Other.....		10.5	\$494,427
19	Payroll Taxes.....			\$183,168
20	Employee Benifits.....			\$266,209
21	Total.....		57.3	\$2,758,350
22	Total F.T.E.'s Wages, Payroll Taxes and Employee Benifits (To Page 2, Line 12).....		459.1	\$18,221,837

\* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080

\*\* The sum of casual Labor (wages paid on a per run basis) + wages paid is entered in Column 2 by line item. However, when calculating FTE's, do not include casual labor hours worked or expenses incurred.

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# AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY: PMT Ambulance**

**FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14**

## GENERAL AND ADMINISTRATIVE EXPENSES

Line

No. **DESCRIPTION**

<b>Professional Services:</b>		
01	Legal Fees	\$152
02	Collection Fees	\$739,425
03	Accounting and Auditing	\$226
04	Data Processing Fees	\$0
05	Other (Schedule Attached)	\$516,018
06	Total.....	<u>\$1,255,821</u>
<b>Travel and Entertainment:</b>		
07	Meals and Entertainment.....	\$2,776
08	Transportation - Other Company Vehicles.....	\$0
09	Travel.....	\$30,109
10	Other: .....	
11	Total.....	<u>\$32,885</u>
<b>Other General and Administrative:</b>		
12	Office Supplies.....	\$78,761
13	Postage.....	\$27,303
14	Telephone.....	\$197,902
15	Advertising.....	\$5,783
16	General Liability Insurance.....	\$6,329
17	Dues and Subscriptions.....	\$15,703
18 a	Other (Schedule Attached).....	\$278,838
18 b	Other: Corporate Support Services.....	\$3,136,774
19	Total.....	<u>\$3,747,392</u>
20	Total General and Administrative Expenses (To Page 2, Line 13).....	<u>\$5,036,097</u>

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: PMT Ambulance

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

<b>Other Professional Services:</b>		
5.1	Public Affairs / Public Relations	\$35,861
5.2	Management & Human Resources	\$277,690
5.3	Medical Direction	\$17,622
5.4	Other (did not fit any other line item)	\$184,845
5.5		
5.6		
5.7		
5	Total.....Page 5, Other General & Administrative.	<u>\$516,018</u>

<b>Other General and Administrative:</b>		
18.a.1	Public Relations	\$2,152
18.a.2	Printing	\$50,644
18.a.3	Business Licenses & Misc Taxes	\$168,661
18.a.4	Bank Charges, Outside Claims & Miscellaneous	\$57,380
18.a.5		
18.a	Total.....Page 5, Other General & Administrative.	<u>\$278,838</u>

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# AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY: PMT Ambulance**

**FOR THE PERIOD**                      **FROM: 1/1/14**                      **TO: 12/31/14**

## OTHER OPERATING EXPENSES

Line No.	DESCRIPTION		
	<b>Depreciation and Amortization:</b>		
01	Depreciation (Attach Schedule III) Ln 20 Col I Pg 13	\$928,242	
02	Amortization.....	\$0	
03	Total.....		<u>\$928,242</u>
04	Rent/Lease (Attach Schedule III Ln 20 Col K Pg 13		<u>\$1,465,959</u>
	<b>Building/Station Expense:</b>		
05	Building & Cleaning Supplies.....	\$21,985	
06	Utilities.....	\$307,677	
07	Property Taxes.....	\$42,534	
08	Property Insurance.....		
09	Repairs & Maintenance.....	\$242,099	
10	Other (Attach Schedule).....		
11	Total.....		<u>\$614,295</u>
	<b>Vehicle Expense - Ambulance Units:</b>		
12	Licenses / Registration.....	\$72,221	
13	Fuel.....	\$1,045,461	
14	General Vehicle Service & Maintenance.....	\$12,584	
15	Major Repairs.....		
16	Insurance - Service Vehicles.....	\$178,592	
17	Other: Tires	\$114,352	
18	Total.....		<u>\$1,423,209</u>
	<b>Other Expenses:</b>		
19	Dispatch.....	\$2,978,824	
20	Education / Training.....	\$78,593	
21	Uniforms & Uniform Cleaning.....		
22	Meals & Travel for Ambulance Personnel.....		
23	Maintenance Contracts.....	\$146,283	
24	Minor Equipment - Not Capitalized.....	\$72,065	
25	Ambulance Supplies - (Nonchargeable).....		
26	Other (Attach Schedule) .....		
27	Total.....		<u>\$3,275,766</u>
28	Total Other Operating Expenses (To Page 2, Line 15)		<u><u>\$7,707,470</u></u>

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**AMBULANCE REVENUE AND COST REPORT**

**AMBULANCE SERVICE ENTITY: PMT Ambulance**

**FOR THE PERIOD**      **FROM: 1/1/14**      **TO: 12/31/14**

**DETAIL OF CONTRACTUAL ALLOWANCES**

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
01	AETNA and MERITAIN HEALTH	320	\$351,948	30%	\$105,584
02	AIR AMBULANCE FORUM DBA ONE CALL MEDICAL	21	22,809	30%	6,843
03	AIR CARE ONE INTL	1	869	30%	261
04	ARIZONA HEART HOSPITAL	1	958	30%	287
05	ARROWHEAD COMM HOSPITAL ABRAZO	3	1,878	30%	563
06	AURORA BEHAVIORAL HEALTH	6	6,026	30%	1,808
07	BANNER HEALTH	19	20,593	30%	6,178
08	BCBS OF ARIZONA	852	933,450	30%	280,035
09	CHANDLER REGIONAL HOSPITAL	9	9,784	30%	2,935
10	CIGNA	284	305,375	30%	91,613
11	HAVEN SENIOR HORIZONS	10	10,043	30%	3,013
12	HEALTH NET	20	21,692	30%	6,508
13	HEALTH SOUTH	9	9,193	30%	2,758
14	HOSPICE FAMILY CARE	1	998	30%	299
15	HOSPICE OF ARIZONA	4	3,951	30%	1,185
16	HOSPICE OF THE VALLEY	16	16,115	30%	4,835
17	HUMANA	44	46,490	30%	13,947
18	JOHN C LINCOLN HOSPITAL	30	33,397	30%	10,019
19	KINDRED HOSPITAL ARIZONA	143	169,158	30%	50,747
20	LIFE CARE CENTER	1	1,011	30%	303
21	MARICOPA MEDICAL CENTER	10	10,728	30%	3,218
22	MARYVALE HOSPITAL	6	7,765	30%	2,330
23	MAYO CLINIC HEALTH SOLUTIONS	1	1,719	30%	516
24	MERCY GILBERT HOSPITAL	2	1,943	30%	583
25	MERCY MEDICARE ADVANTAGE	12	13,086	30%	3,926
26	NORTH MOUNTAIN MEDICAL AND REHAB	39	49,360	30%	14,808
27	ODYSSEY HOSPICE	1	904	30%	271
28	ONE CALL MEDICAL TRANSPORT	113	130,016	30%	39,005
29	PHOENIX BAPTIST	1	1,002	30%	301
30	PHOENIX CHILDRENS HOSPITAL	63	78,864	30%	23,659
31	PLAZA HEALTHCARE	3	3,639	30%	1,092
32	PROMISE HOSPITAL OF PHOENIX	9	12,120	30%	3,636
33	RESTORA	2	2,109	30%	633
34	SCOTTSDALE HEALTHCARE	17	17,833	30%	5,350
35	SECURE HORIZONS	4	3,923	30%	1,177
36	ST JOSEPHS HOSPITAL	7	11,281	30%	3,384
37	ST LUKES HOSPITAL	12	13,170	30%	3,951
38	TEMPE ST LUKES	10	11,300	30%	3,390
39	UNITED HEALTHCARE	67	73,297	30%	21,989
40	VA - PHOENIX	1,024	1,112,986	30%	333,896
41					
42					
43					
ALLOWANCE TOTAL To Page 2 Line 4		3,197	\$3,522,783		\$1,056,835

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# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: PMT Ambulance

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

## SUBSCRIPTION SERVICE REVENUE AND DIRECT SELLING EXPENSES

Line No.	DESCRIPTION	
01	Billings at Fully Established Rate (Informational Only - Detail Reported On Page 2 Line 1)	
	LESS:	
02	AHCCCS Settlement .....	
03	Medicare Settlement .....	
04	Subscription Service Settlements .....	
05	Subscription Service Bad Debt .....	
06	Total (Informational Only - Detail Reported On Page 2 Lines 2, 3 and 11)	
07	Net Revenue from Subscription Service Runs .....	
08	Sales of Subscription Contracts (To Page 2 Line 9) .....	\$0
09	Other Revenue (Attach Schedule) .....	
10	Total Subscription Service Revenue .....	
	<b>Direct Expenses Incurred Selling Subscription Contracts:</b>	
11	Salaries/Wages .....	
12	Payroll Taxes .....	
13	Employee Fringe Benefits .....	
14	Professional Services .....	
15	Contract Labor .....	
16	Travel .....	
17	Other General & Administrative Expenses .....	
18	Depreciation/Amortization .....	
19	Rent/Lease .....	
20	Building/Station Expenses .....	
21	Transportation-Vehicles .....	
22	Other (Not Classified Above and Misc) .....	
23	Total Subscription Service Expenses (Informational Only - Detail Reported On Page 2, Lines 12 - 16)	

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY: PMT Ambulance**

**FOR THE PERIOD**                      **FROM: 1/1/14**                      **TO: 12/31/14**

### OTHER OPERATING REVENUES AND EXPENSES

Line  
No.

**DESCRIPTION**

**Other Operating Revenues:**

01	Supportive Funding - Local (Attach Schedule)		
02	Grant Funds - State (Attach Schedule)		
03	Grant Funds - Federal (Attach Schedule)		
04	Grant Funds - Other (Attach Schedule)		
05	Patient Finance Charges		
06	Patient Late Payment Charges		
07	Interest Earned - Related Person/Organization		
08	Interest Earned - Other		
09	Interest Income and Miscellaneous Revenue	\$9,191	
10	Gain On Sale of Operating Property	0	
11	Other:		
12	Total Other Operating Revenues		<b>\$9,191</b>

**Other Operating Expenses:**

13	(Loss) On Sale of Operating Property	(\$36,769)	
14	Other:		
15	Other:		
16	Total Other Operating Expenses		<b>(\$36,769)</b>
17	Net Other Operating Revenues and Expenses (To Page 2, Line 20)		<b><u>(\$27,578)</u></b>

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# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: PMT Ambulance

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

## SCHEDULE I DETAIL OF SALARIES / WAGES Officers / Owners

Line No.	Name	Title	% of Owner-ship	Manage-ment	*FTE	EMCT	*FTE	Office	*FTE	Other	*FTE	Totals Wages Paid To Owners	*FTE
01	N/A		\$				\$					\$	
02													
03													
04													
05													
06													
07	Total		\$				\$					\$	N/A
													1
													2

\* Full - time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

1 Total wages paid to owners to Page 4 Col 2 Line 01.

2 Total FTEs to Page 4 Col 1 Line 01.

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# AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** PMT Ambulance

**FOR THE PERIOD** FROM: 1/1/14 TO: 12/31/14

## SCHEDULE II DETAIL OF SALARIES / WAGES

Management, Ambulance Personnel, Other Personnel

Line  
No.

**Detail of Salaries/Wages - Other Than Officers/Owners**

01	MANAGEMENT:	METHOD OF COMPENSATION			
	Certification and/or Title	Scheduled Shifts (i.e. 40 or 60 hours a week)	Hourly Wage	Annual Salary	\$'s per Run or Shift
	Various Local Management	40 Hours a week	x	x	N/A
	Various Regional Management	40 Hours a week	x	x	N/A
02	AMBULANCE PERSONNEL:				
	Paramedic	56/50/48/40 hours/week	x		N/A
	EMT	56/50/48/40 hours/week	x		N/A
	Nurse	56/50/48/40 hours/week	x		N/A
03	OTHER PERSONNEL				
	Various Support Staff	40 Hours a week	x	x	N/A

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# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: PMT Ambulance

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

## SCHEDULE III DEPRECIATION AND / OR RENT / LEASE EXPENSES (AMBULANCE VEHICLES & ACCESSORIAL EQUIPMENT ONLY)

A	B	C	D	E	F	G	H	I	J	K
Line	Description of Property	Date Placed in Service	Business Use Percent	Basis for Depreciation	Method	Recovery Period	Deprec. Prior Years	Current Year Deprec.	Remaining Basis	Rent/Lease Amount*
01	Vehicle Rental		100%							\$0
02	Equipment Rental		100%							\$806
03										
04	Ambulances	Various	100%	\$2,611,153	SL	Various	\$0	\$395,178	\$2,217,967	
05	Accessorial Equipment	Various	100%	\$593,605	SL	Various	\$0	\$123,263	\$449,607	
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20	SUBTOTAL			\$3,204,759				\$518,442		\$806

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\* Complete description of property, date placed in service, and rent/lease amount columns only.

To Pg 13  
Ln 19, Col I



# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: PMT Ambulance

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

## SCHEDULE III DEPRECIATION AND / OR RENT / LEASE EXPENSES (ALL OTHER ITEMS)

Line	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method	G Recovery Period	H Deprec. Prior Years	I Current Year Deprec.	J Remaining Basis	K Rent/Lease Amount*
01	Rented Real Estate			100%							\$1,406,414
02	OH Vehicle Rental			100%							\$0
03	OH Equipment Rental			100%							\$58,739
04											
05	Other Vehicles	Various	\$0	100%	\$0	SL	Various	\$0	\$0	\$0	
06	Non-Vehicle Fixed Assets	Various	\$242,594	100%	\$242,594	SL	Various	\$0	\$51,223	\$191,371	
07											
08	OH Vehicles	Various		100%		SL	Various		\$13,621		
09	OH Non-Vehicle Fixed Assets	Various		100%		SL	Various		\$344,956		
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL (above)		\$242,594		\$242,594			\$0	\$409,800		\$1,465,153
19	SUBTOTAL (from Pg 12 Ln 20)		\$3,204,759		\$3,204,759				\$518,442		\$806
20	SUM of Ln 18 and 19		\$3,447,352		\$3,447,352			\$0	\$928,242		\$1,465,959

To Pg 6, Ln 04

\* Complete description of property, date placed in service, and rent/lease amount columns only.

# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: PMT Ambulance

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

## Schedule IV DETAIL OF INTEREST

Line No.	Description	(1) Interest Rate	(2) Principal Balance Beg. of Period	(3) End of Period	(4) Interest Expense Related Persons or Organizations	(5) Other
<u>Service Vehicles &amp; Accessorial Equipment</u>						
<u>Name of payee:</u>						
01		%	\$		\$	
02						
03						
04						
<u>Communications Equipment</u>						
<u>Name of Payee:</u>						
05		%	\$		\$	
06						
07						
<u>Other Property &amp; Equipment</u>						
<u>Name of Payee:</u>						
08		%	\$		\$	
09						
10						
<u>Working Capital</u>						
<u>Name of Payee:</u>						
11	Various - See Audited Financials	Various	In Corp Balances	\$	0	\$2,446,711
12						
13						
<u>Other</u>						
<u>Name of Payee:</u>						
14		%	\$		\$	
15	<b>TOTAL</b>		N/A	N/A	0	\$2,446,711

---- (To Pg 2, Cl 2, Ln 16) ----

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# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: PMT Ambulance

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

## BALANCE SHEET

ASSETS		
Current assets:		
01	Cash and cash equivalents	\$ 1,703
02	Restricted cash	108
03	Accounts receivable, net	10,216
04	Inventories	479
05	Deferred tax assets, net	2,190
06	Prepaid expenses and other current assets	733
07	Total current assets	15,428
08	Property and equipment, net	4,676
09	Goodwill	10,147
10	Intangible assets, net	13,268
11	Deposits	2,843
12	Deferred tax assets, net	0
13	Other assets	437
14	Total assets	\$ 46,799
LIABILITIES AND STOCKHOLDER'S EQUITY		
15	Accounts payable	\$ 2,088
16	Accrued and other current liabilities	2,839
17	Deferred revenue	1,285
18	Deferred tax liabilities, net	0
19	Current portion of long-term debt	1,684
20	Total current liabilities	7,896
21	Long-term debt, net of current portion	24,978
22	Deferred tax liabilities, net	7,103
23	Other liabilities	2,681
24	Total liabilities	42,658
Stockholder's equity:		
Common stock, \$0.01 par value, 900 shares authorized,		
25	100 shares issued and outstanding	0
Preferred stock, \$0.01 par value, 100 shares authorized,		
26	zero shares issued and outstanding	0
27	Additional paid-in capital	7,267
28	Accumulated other comprehensive loss	(136)
29	Accumulated deficit	(2,989)
30	Total stockholder's equity	4,141
31	Total liabilities and stockholder's equity	\$ 46,799

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# AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY: PMT Ambulance**

**FOR THE PERIOD**                      **FROM: 1/1/14**                      **TO: 12/31/14**

## STATEMENT OF CASH FLOWS

**(in thousands)**

Cash flows from operating activities:		
01	Net loss	\$ (2,989)
Adjustments to reconcile net loss to net cash used in operating activities:		
02	Depreciation and amortization	2,029
03	Amortization of debt issuance costs	67
04	Accretion of interest on debt	277
05	Share-based compensation expense	16
06	Loss on sale of assets and property and equipment	29
07	Impairment of property and equipment, goodwill and intangible assets	153
Change in assets and liabilities:		
08	Accounts receivable, net	(4,245)
09	Inventories	30
10	Prepaid expenses and other current assets	216
11	Deposits	(15)
12	Other assets	99
13	Accounts payable	(290)
14	Accrued and other current liabilities	528
15	Deferred revenue	(30)
16	Other liabilities	459
17	Net cash used in operating activities	<u>(3,667)</u>
Cash flows from investing activities:		
18	Purchase of property and equipment	(1,549)
19	Proceeds from the sale/disposal of property and equipment	28
20	Decrease in restricted cash	868
21	Net cash used in investing activities	<u>(652)</u>
Cash flows from financing activities:		
22	Borrowings on Working Capital Loan	1,514
23	Payments on capital leases	(53)
24	Reduction of Deposits related to Backstop Loan	28
25	Payments on Backstop Loan	(28)
26	Debt issuance costs	(214)
27	Proceeds received from Reorganized Parent's issuance of equity	1,630
28	Net cash provided by financing activities	<u>2,877</u>
29	Decrease in cash and cash equivalents	(1,442)
30	Cash and cash equivalents, beginning of period	3,145
31	Cash and cash equivalents, end of period	<u>\$ 1,703</u>

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